

**Regional Center of Orange County
Home and Community-based Services Waiver
Monitoring Review Report**

Conducted by:

**Department of Developmental Services
and
Department of Health Care Services**

September 28 - October 8, 2009

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EXECUTIVE SUMMARY

The Department of Developmental Services (DDS) and the Department of Health Care Services (DHCS) conducted the federal compliance monitoring review of the Home and Community-based Services (HCBS) Waiver from September 28-October 8, 2009 at Regional Center of Orange County (RCOC). The monitoring team members were Lisa Miller (Team Leader), Corbett Bray, Kathy Benson and Mary Ann Smith from DDS, and Annette Hanson and Raylyn Garrett from DHCS.

Purpose of the Review

DDS contracts with 21 private, non-profit corporations to operate regional centers, which are responsible under state law for coordinating, providing, arranging or purchasing all services needed for eligible individuals with developmental disabilities in California. All HCBS Waiver services are provided through this system. It is the responsibility of DDS to ensure, with the oversight of DHCS, that the HCBS Waiver is implemented by regional centers in accordance with Medicaid statute and regulations.

Overview of the HCBS Waiver Programmatic Compliance Monitoring Protocol

The compliance monitoring review protocol is comprised of sections/components designed to determine if the consumers' needs and program requirements are being met and that services are being provided in accordance with the consumers' individual program plans (IPPs). Specific criteria have been developed for the review sections listed below that are derived from federal/state statutes and regulations and from Centers for Medicare & Medicaid Services directives and guidelines relating to the provision of HCBS Waiver services.

Scope of Review

The monitoring team reviewed a sample of 67 HCBS Waiver consumers. In addition, the following supplemental sample consumer records were reviewed: 1) three consumer's whose HCBS waiver eligibility had been previously terminated and 2) ten consumers who had special incidents reported to DDS during the review period of July 1, 2008 through June 30, 2009.

The monitoring team completed visits to eight community care facilities (CCFs) and twelve day programs. The team reviewed eight CCF and nineteen day program consumer records and had face-to-face visits with 54 selected sample consumers.

Overall Conclusion

RCOC is in substantial compliance with the federal requirements for the HCBS Waiver program. Specific recommendations that require follow-up actions by RCOC are included in the report findings. DDS is requesting documentation of follow-up actions taken by RCOC in response to each of the specific recommendations within 30 days following receipt of this report.

Major Findings

Section I – Regional Center Self Assessment

The self assessment responses indicated that RCOC has systems and procedures in place for implementing the state and HCBS Waiver requirements addressed in the self assessment criteria.

Section II – Regional Center Consumer Record Review

Sixty-seven sample consumer records were reviewed for 31 documentation requirements (criteria) derived from federal and state statutes and regulations and HCBS Waiver requirements. Three criteria were not applicable for this review. The sample records were 91-100% in compliance for the 28 applicable criteria.

The sample records were 99% in overall compliance for this review. RCOC's records were 99% in overall compliance for the collaborative reviews conducted in 2007 and in 2005.

Section III – Community Care Facility Consumer (CCF) Record Review

Eight consumer records were reviewed at eight CCFs for 19 documentation requirements (criteria) derived from Title 17, California Code of Regulations. The sample records were 100% in compliance for 16 applicable criteria. Three criteria were rated as not applicable for this review.

The sample records were 100% in overall compliance for this review. RCOC's records were 100% and 98% in overall compliance for the collaborative reviews conducted in 2007 and in 2005, respectively.

Section IV – Day Program Consumer Record Review

Nineteen consumer records were reviewed at twelve day programs for 17 documentation requirements (criteria) derived from Title 17, California Code of Regulations. The sample records were 94-100% in compliance for 14 criteria. Three criteria were rated as not applicable for this review.

The sample records were 99% in overall compliance for this review. RCOC's records were 100% and 99% in overall compliance for the collaborative reviews conducted in 2007 and in 2005, respectively.

Section V – Consumer Observations and Interviews

Fifty-four sample consumers, or in the case of minors, their parents were interviewed and/or observed at their CCFs, day programs, or in independent living settings. The monitoring team observed that the consumers were in good health and were treated with dignity and respect. The interviewed consumers/parents indicated that they were satisfied with their services, health and choices.

Section VI A – Service Coordinator Interviews

Thirteen service coordinators were interviewed using a standard interview instrument. The service coordinators responded to questions regarding their knowledge of the consumer, the IPP/annual review process, the monitoring of services, health issues and safety. The service coordinators were very familiar with the consumers and knowledgeable about their roles and responsibilities.

Section VI B – Clinical Services Interview

RCOC's Director of the Health Resources Group (Clinical Team) and nurse consultant were interviewed using a standard interview instrument. They responded to questions regarding the monitoring of consumers with medical issues, medications and behavior plans, the coordination of medical and mental health care for consumers, the provision of clinical supports to service coordinators, and the clinical team's participation in the Risk Management Committee.

Section VI C – Quality Assurance Interview

Two quality assurance coordinators were interviewed using a standard interview instrument. The staff responded to informational questions regarding how RCOC is organized to conduct Title 17 monitoring reviews, verification of provider qualifications, resource development activities, special incident reporting, and QA activities where there is no regulatory requirement.

Section VII A – Service Provider Interviews

Seven CCF and four day program service providers were interviewed using a standard interview instrument. The service providers responded to questions in the context of the sample consumers regarding their knowledge of the consumer, the annual review process and the monitoring of health issues, medications, progress, safety and emergency preparedness. The service providers were familiar with the consumers and knowledgeable about their roles and responsibilities.

Section VII B – Direct Service Staff Interviews

Six CCF and three day program direct service staff were interviewed using a standard interview instrument. The direct service staff responded to questions regarding their knowledge of consumers, the IPP, communication, service delivery, procedures for safety, emergency preparedness, and medications. The staff was familiar with the consumers and knowledgeable about their roles and responsibilities.

Section VIII – Vendor Standards Review

The monitoring team reviewed seven CCFs and three day program utilizing a standard checklist with 23 criteria that are consistent with HCBS Waiver requirements. The vendors were in good repair with no immediate health or safety concerns observed.

Section IX – Special Incident Reporting

The monitoring team reviewed the records of the 67 HCBS Waiver consumers and ten supplemental sample consumers for special incidents during the review period. RCOC reported all special incidents for the sample selected for the HCBS Waiver review. For the supplemental sample, the service providers reported nine of the ten applicable incidents to RCOC within the required timeframes, and RCOC subsequently transmitted nine of the ten special incidents to DDS within the required timeframes. RCOC's follow-up activities on consumer incidents were timely and appropriate for the severity of the situation.

SECTION I

REGIONAL CENTER SELF ASSESSMENT

I. Purpose

The regional center self assessment addresses the California Home and Community-based Services (HCBS) Waiver assurances criteria and is designed to provide information about the regional center's processes and practices. The responses are used to verify that the regional center has processes in place to ensure compliance with federal and state laws and regulations.

The self assessment obtains information about Regional Center of Orange County's (RCOC) procedures and practices to verify that there are processes in place to ensure compliance with state and federal laws and regulations as well as the assurances contained in the HCBS Waiver application approved by the Centers for Medicare & Medicaid Services.

II. Scope of Assessment

RCOC is asked to respond to questions in four categories that correspond to the HCBS Waiver assurances with which the regional center is responsible for complying. The questions are shown at the end of this section.

III. Results of Assessment

The self assessment responses indicate that RCOC has systems and procedures in place for implementing the state and HCBS Waiver requirements addressed in the self assessment criteria.

✓ The full response to the self assessment is available upon request.

Regional Center Self Assessment HCBS Waiver Assurances	
HCBS Waiver Assurances	Regional Center Assurances
State conducts level of care need determinations consistent with the need for institutionalization	<p>The regional center ensures that consumers meet ICF/DD, ICF/DD-H, or ICF/DD-N facility level of care requirements as a condition of initial and annual eligibility for the HCBS Waiver Program.</p> <p>Regional center ensures that the regional center staff responsible for certifying and recertifying consumers' HCBS Waiver eligibility meet the federal definition of a Qualified Mental Retardation Professional (QMRP).</p> <p>The regional center ensures that consumers are eligible for full scope Medi-Cal benefits before enrolling them in the HCBS Waiver.</p>
Necessary safeguards have been taken to protect the health and welfare of persons receiving HCBS Waiver Services	<p>The regional center takes action(s) to ensure consumers' rights are protected.</p> <p>The regional center takes action(s) to ensure that the consumers' health needs are addressed.</p> <p>The regional center ensures that behavior plans preserve the right of the consumer to be free from harm.</p> <p>The regional center maintains a Risk Management, Risk Assessment and Planning Committee.</p> <p>The regional center has developed and implemented a Risk Management/Mitigation Plan.</p> <p>Regional centers and local Community Care Licensing offices coordinate and collaborate in addressing issues involving licensing requirements and monitoring of CCFs pursuant to the MOU between DDS and Department of Social Services.</p> <p>The regional center has developed and implemented a quality assurance plan for Service Level 2, 3 and 4 community care facilities.</p> <p>The regional center reviews each community care facility annually to assure services are consistent with the program design and applicable laws, and development and implementation of corrective action plans as needed.</p> <p>The regional center conducts not less than two unannounced monitoring visits to each CCF annually.</p> <p>Service coordinators perform and document periodic reviews [at least annually] to ascertain progress toward achieving IPP objectives, and the consumer's and the family's satisfaction with the IPP and its implementation.</p> <p>Service coordinators have quarterly face-to-face meetings with consumers in CCFs, Family Home Agencies, Supported Living Services, and Independent Living Services to review services and progress toward achieving the IPP objectives for which the service provider is responsible.</p>

Regional Center Self Assessment HCBS Waiver Assurances	
HCBS Waiver Assurances	Regional Center Assurances
Necessary safeguards have been taken to protect the health and welfare of persons receiving HCBS Waiver Services (cont.)	The regional center ensures that needed services and supports are in place when a consumer moves from a developmental center (DC) to a community living arrangement. Service coordinators provide enhanced case management to consumers who move from a DC by meeting with them face-to-face every 30 days for the first 90 days they reside in the community.
Only qualified providers serve HCBS Waiver participants	The regional center ensures that all HCBS Waiver service providers have signed the "HCBS Provider Agreement Form" and meet the required qualifications at the time services are provided.
Plans of care are responsive to HCBS Waiver participant needs	The regional center ensures that all HCBS Waiver consumers are offered a choice between receiving services and living arrangements in an institutional or community setting. Regional centers ensure that planning for IPPs includes a comprehensive assessment and information gathering process which addresses the total needs of HCBS Waiver consumers and is completed at least every three years at the time of his/her triennial IPP The IPPs of HCBS Waiver consumers are reviewed at least annually by the planning team and modified, as necessary, in response to the consumers' changing needs, wants and health status. The regional center uses feedback from consumers, families and legal representatives to improve system performance. The regional center documents the manner by which consumers indicate choice and consent.

SECTION II

REGIONAL CENTER CONSUMER RECORD REVIEW

I. Purpose

The review is based upon documentation criteria derived from federal/state statutes and regulations and from the Centers for Medicare & Medicaid Services directives and guidelines relating to the provision of services for the Home and Community-based Services (HCBS) Waiver. The criteria address requirements for eligibility, consumer choice, notification of proposed action (NOA) and fair hearing rights, level of care, individual program plans (IPPs) and periodic reviews and reevaluations of services. The information obtained about the consumers' needs and services is tracked as a part of the on-site program review.

II. Scope of Review

1. Sixty seven HCBS Waiver consumer records were selected for the review sample.

Living Arrangement	# of Consumers
Community Care Facility (CCF)	24
With Family	20
Independent or Supported Living Setting	23

2. The review period covered activity from July 1, 2008 – June 30, 2009.

III. Results of Review

The 67 sample consumer records were reviewed for 31 documentation requirements derived from federal and state statutes and regulations and HCBS Waiver requirements. Three supplemental records were reviewed solely for documentation that RCOC had either provided the consumer with written notification prior to termination of the consumer's HCBS Waiver eligibility or the consumer had voluntarily disenrolled from the HCBS Waiver. Three criteria were not applicable for this review.

- ✓ The sample records were in 100% compliance for 25 criteria. There are no recommendations for these criteria.
- ✓ Findings for three criteria are detailed below.
- ✓ A summary of the results of the review is shown in the table at the end of this section.

IV. Findings and Recommendations

- 2.5.b The consumer's qualifying conditions documented in the Client Development Evaluation Report (CDER) are consistent with information contained in the consumer's record. (SMM 4442.5), (42 CFR 441.302(c)), (Title 22, CCR, §51343)

Findings

Sixty one of the 67 (91%) applicable consumer records documented level of care qualifying conditions that were consistent with information found elsewhere in the record. However, information contained in six consumer records (detailed below) did not support the determination that all of the issues identified in the CDER and DS 3770 could be considered qualifying conditions. The following were identified as qualifying conditions on the DS 3770 with the explanation: "Due to the current ongoing maintenance of effort provided by RCOC, consumer no longer exhibits the following behaviors." However, it was not possible to determine how the supports and services being provided were related to the behavioral issues identified below.

1. Consumer #XX: [REDACTED]"
2. Consumer #XX: [REDACTED]"

Additionally, the following were identified as qualifying conditions in the CDER and DS 3770. However, there was no supporting information in the consumers' records (IPP, progress reports, vendor reports, etc.) that described the impact of the identified conditions or the need for services and supports."

3. Consumer #X: [REDACTED]."
4. Consumer #XX: [REDACTED]"
5. Consumer #XX: [REDACTED]."
6. Consumer #XX: [REDACTED]"

2.5.b Recommendation	Regional Center Plan/Response
RCOC should determine if the items listed above are appropriately identified as qualifying conditions. The consumers' DS 3770 forms should be corrected to ensure that any items that do not represent substantial limitations in the consumer's ability to perform activities of daily living and/or participate in community activities are no longer identified as qualifying conditions. For consumers #X, #XX, #XX, #XX and #XX, due to an insufficient number of qualifying conditions, the correction may require that the consumer's HCBS Waiver eligibility be terminated. If RCOC determines that any of the issues above are correctly identified as qualifying conditions, documentation (updated IPPs, progress reports, etc.) that supports the original determinations should be submitted with the response to this report.	<p>Consumer #XX: [REDACTED] Consumer #XX: [REDACTED] Consumer #X: [REDACTED] Consumer #XX: [REDACTED] Consumer #XX: [REDACTED]</p> <p>[REDACTED] This case has since been reassigned to a new Service Coordinator and the deficits are documented and supported in the current IPP and addressed by the residential service provider and family (See attachment A, page 5: "Behavioral Health").</p> <p>Consumer #XX: [REDACTED]</p>

2.13.a Quarterly face-to-face meetings are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 community care facilities, family home agencies or supported living and independent living settings. (*Title 17, CCR, §56047*), (*Title 17, CCR, §56095*), (*Title 17, CCR, §58680*), (*Contract requirement*)

Finding

Forty-six of the 47 (98%) applicable sample consumer records had quarterly face-to-face meetings completed and documented. However, the record for consumer #XX contained documentation that one of the required meetings was not conducted timely due to a staffing change.

2.13.a Recommendation	Regional Center Plan/Response
RCOC should ensure that all future face-to-face meetings are completed each quarter for consumer #XX.	RCOC will continue to provide ongoing training and oversight to service coordinators regarding the comprehensive completion of all IPPs and attending paperwork including quarterly face-to-face visits for all consumers living in community out-of-home settings.

2.13.b Quarterly reports of progress are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 community care facilities, family home agencies or supported living and independent living settings. (*Title 17, CCR, §56047*), (*Title 17, CCR, §56095*), (*Title 17, CCR, §58680*), (*Contract requirement*)

Finding

Forty-six of the 47 (98%) applicable sample consumer records had quarterly reports of progress completed for consumers living in community out-of-home settings. However, the record for consumer #XX contained documentation that one of the required reports was not completed timely due to a staffing change.

2.13.b Recommendation	Regional Center Plan/Response
RCOC should ensure that all future reports of progress are completed quarterly for consumer #XX.	RCOC will continue to provide ongoing training and oversight to service coordinators regarding the comprehensive completion of all IPPs and attending paperwork including quarterly progress reports for all consumers living in community out-of-home settings.

Regional Center Consumer Record Review Summary
Sample Size = 67 + 3 Supplemental Records

	Criteria	+	-	N/A	% Met	Follow-up
2.0	The consumer is Medi-Cal eligible. (SMM 4442.1)	67			100	None
2.1	Each record contains a Medicaid Waiver Eligibility Record (DS 3770), signed by a Qualified Mental Retardation Professional (QMRP), which documents the date of the consumer's initial HCBS Waiver eligibility certification, annual recertifications, the consumer's qualifying conditions and short-term absences. (SMM 4442.1), (42 CFR 483.430(a))	Criterion 2.1 consists of four sub-criteria (2.1a-d) that are reviewed and rated independently.				
2.1.a	The DS 3770 is signed by a Qualified Mental Retardation Professional and the title "QMRP" appears after the person's signature.	67			100	None
2.1.b	The DS 3770 form identifies the consumer's qualifying conditions and any applicable special health care requirements for meeting the Title 22 level of care requirements.	67			100	None
2.1.c	The DS 3770 form documents annual re-certifications.	67			100	None
2.1.d	The DS 3770 documents short-term absences of 120 days or less, if applicable.			67	N/A	None
2.2	Each record contains a dated and signed Medicaid Waiver Consumer Choice of Services/Living Arrangements form, (DS 2200). (SMM 4442.7), (42 CFR 441.302(d))	67			100	None
2.3	There is a written notification of a proposed action and documentation that the consumer has been sent written notice of their fair hearing rights whenever choice of living arrangements is not offered, services or choice of services are denied, the consumer/parent/legal guardian or legal representative does not agree with all, or part of the components in the consumer's IPP, or the consumer's HCBS Waiver eligibility has been terminated. (SMM 4442.7), (42 CFR Part 431, Subpart E), (WIC §4646(g))	3		67	100	None

Regional Center Consumer Record Review Summary
Sample Size = 67 + 3 Supplemental Records

	Criteria	+	-	N/A	% Met	Follow-up
2.4	Each record contains a current Client Development Evaluation Report (CDER) that has been reviewed within the last 12 months. (SMM 4442.5), (42 CFR 441.302)	67			100	None
2.5.a	The consumer's qualifying conditions and any special health care requirements used to meet the level of care requirements for care provided in an ICF-DD, ICF-DDH, and ICF/DD-N facility are documented in the consumer's CDER and other assessments. (SMM 4442.5), (42 CFR 441.302(c)), (Title 22, CCR, §51343)	67			100	None
2.5.b	The consumer's qualifying conditions documented in the CDER are consistent with information contained in the consumer's record.	61	6		91	See Narrative
2.6.a	IPP is reviewed (<i>at least annually</i>) by the planning team and modified as necessary, in response to the consumer's changing needs, wants or health status. (42 CFR 441.301(b)(1)(I))	67			100	None
2.6.b	The HCBS Waiver Standardized Annual Review Form is completed and signed annually by the planning team to document whether or not a change to the existing IPP is necessary, and health status and CDER have been reviewed. (HCBS Waiver requirement)			67	N/A	None
2.7.a	The IPP is signed, prior to its implementation, by an authorized representative of the regional center and the consumer, or where appropriate, his/her parents or legal guardian or conservator. (WIC §4646(g))	67			100	None
2.7.b	IPP addenda are signed by an authorized representative of the regional center and the consumer, or where appropriate, his/her parents, legal guardian, or conservator.	2		65	100	None
2.7.c	The IPP is prepared jointly with the planning team. (WIC §4646(d))	67			100	None
2.8	The IPP includes a statement of goals based on the needs, preferences and life choices of the consumer. (WIC §4646.5(a))	67			100	None

Regional Center Consumer Record Review Summary
Sample Size = 67 + 3 Supplemental Records

	Criteria	+	-	N/A	% Met	Follow-up
2.9	The IPP addresses the consumer's goals and needs. (WIC §4646.5(a)(2))	Criterion 2.9 consists of seven sub-criteria (2.9 a-g) that are reviewed independently				
2.9.a	The IPP addresses the qualifying conditions identified in the CDER and Medicaid Waiver Eligibility Record (DS 3770).	64		3	100	None
2.9.b	The IPP addresses the special health care requirements.	23		44	100	None
2.9.c	The IPP addressed the services for which the CCF provider is responsible for implementing.	24		43	100	None
2.9.d	The IPP addressed the services for which the day program provider is responsible for implementing.	38		29	100	None
2.9.e	The IPP addresses the services for which the supported living services agency or independent living services provider is responsible for implementing.	23		44	100	None
2.9.f	The IPP addresses the consumer's goals, preferences and life choices.	67			100	None
2.9.g	The IPP includes a family plan component if the consumer is a minor. (WIC §4685(c)(2))	9		58	100	None
2.10.a	The IPP includes a schedule of the type and amount of all services and supports purchased by the regional center. (WIC §4646.5(a)(4))	67			100	None
2.10.b	The IPP includes a schedule of the type and amount of all services and supports obtained from generic agencies or other resources. (WIC §4646.5(a)(4))	67			100	None
2.10.c	The IPP specifies the approximate scheduled start date for the new services. (WIC §4646.5(a)(4))	2		65	100	None
2.11	The IPP identifies the provider or providers of service responsible for implementing services, including, but not limited to vendors, contract providers, generic service agencies and natural supports. (WIC §4646.5(a)(4))	67			100	None

Regional Center Consumer Record Review Summary
Sample Size = 67 + 3 Supplemental Records

	Criteria	+	-	N/A	% Met	Follow-up
2.12	Periodic review and reevaluations of consumer progress are completed (<i>at least annually</i>) to ascertain that planned services have been provided, that consumer progress has been achieved within the time specified, and the consumer and his/her family are satisfied with the IPP and its implementation. (<i>WIC §4646.5(a)(6)</i>)	67			100	None
2.13.a	Quarterly face-to-face meetings are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 community care facilities, family home agencies or supported living and independent living settings. (<i>Title 17, CCR, §56047</i>), (<i>Title 17, CCR, §56095</i>), (<i>Title 17, CCR, §58680</i>), (<i>Contract requirement</i>)	46	1	20	98	See Narrative
2.13.b	Quarterly reports of progress are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 community care facilities, family home agencies or supported living and independent living settings. (<i>Title 17, CCR, §56047</i>), (<i>Title 17, CCR, §56095</i>), (<i>Title 17, CCR, §58680</i>), (<i>Contract requirement</i>)	46	1	20	98	See Narrative
2.14	Face-to-face reviews are completed no less than once every 30 days for the first 90 days following the consumer's move from a developmental center to a community living arrangement. (<i>WIC §4418.3</i>)			67	N/A	None

SECTION III

COMMUNITY CARE FACILITY CONSUMER RECORD REVIEW

I. Purpose

The review addresses the requirements for community care facilities (CCFs) to maintain consumer records and prepare written reports of consumer progress in relation to the services addressed in the individual program plan (IPP) for which the facility is responsible. The criteria are derived from Title 17, California Code of Regulations.

II. Scope of Review

Eight consumer records were reviewed at eight CCFs visited by the monitoring team. The facilities' records were reviewed for 19 documentation criteria.

III. Results of Review

The consumer records were 100% in compliance for 16 of the 19 criteria. Three criteria were rated not applicable because the consumers did not have any reportable special incidents during the review period.

- ✓ A summary of the results of the review is shown in the table at the end of this section.

Community Care Facility Record Review Summary						
Sample Size: Consumers = 8; CCFs = 8						
	Criteria	+	-	N/A	% Met	Follow-up
3.1	An individual consumer file is maintained by the CCF that includes the documents and information specified in Title 17 and Title 22. (<i>Title 17, CCR, §56017(b)</i>), (<i>Title 17, CCR §56059(b)</i>), (<i>Title 22, CCR, §80069</i>)	8			100	None
3.1.a	The consumer record contains a statement of ambulatory or nonambulatory status.	8			100	None
3.1.b	The consumer record contains known information related to any history of aggressive or dangerous behavior toward self or others.	6		2	100	None
3.1.c	The consumer record contains current health information that includes medical, dental and other health needs of the consumer including annual visit dates, physicians' orders, medications, allergies, and other relevant information.	8			100	None
3.1.d	The consumer record contains current emergency information: family, physician, pharmacy, etc.	8			100	None
3.1.e	The consumer record contains a recent photograph and a physical description of the consumer.	8			100	None
3.1.i	Special safety and behavior needs are addressed.	7		1	100	None
3.2	The consumer record contains a written admission agreement completed for the consumer that includes the certifying statements specified in Title 17, and is signed by the consumer or his/her authorized representative, the regional center and the facility administrator. (<i>Title 17, CCR, §56019(c)(1)</i>)	8			100	None
3.3	The facility has a copy of the consumer's current IPP. (<i>Title 17, CCR, §56022(c)</i>)	8			100	None

Community Care Facility Record Review Summary Sample Size: Consumers = 8; CCFs = 8						
	Criteria	+	-	N/A	% Met	Follow-up
3.4.a	Service Level 2 and 3 facilities prepare and maintain written semiannual reports of consumer progress. (<i>Title 17, CCR, §56026(b)</i>)	4		4	100	None
3.4.b	Semiannual reports address and confirm the consumer's progress toward achieving each of the IPP objectives for which the facility is responsible.	4		4	100	None
3.5.a	Service Level 4 facilities prepare and maintain written quarterly reports of consumer progress. (<i>Title 17, CCR, §56026(c)</i>)	4		4	100	None
3.5.b	Quarterly reports address and confirm the consumer's progress toward achieving each of the IPP objectives for which the facility is responsible.	4		4	100	None
3.5.c	Quarterly reports include a summary of data collected. (<i>Title 17, CCR, §56013(d)(4)</i>), (<i>Title 17, CCR, §56026</i>)	4		4	100	None
3.6.a	The facility prepares and maintains ongoing, written consumer notes, as required by Title 17. (<i>Title 17, CCR §56026(a)</i>)	8			100	None
3.6.b	The ongoing notes/information verify that behavior needs are being addressed.	7		1	100	None
3.7.a	Special incidents are reported to the regional center within 24 hours after learning of the occurrence of the special incident. (<i>Title 17, CCR, §54327</i>)			8	NA	None
3.7.b	A written report of the special incident is submitted to the regional center within 48 hours after the occurrence of the special incident. (<i>Title 17, CCR, §54327</i>)			8	NA	None
3.7.c	Follow-up activities were undertaken to prevent, reduce or mitigate future danger to the consumer. (<i>Title 17, CCR, §54327</i>)			8	NA	None

SECTION IV

DAY PROGRAM CONSUMER RECORD REVIEW

I. Purpose

The review addresses the requirements for day programs to maintain consumer records and prepare written reports of consumer progress in relation to the services included in the individual program plan (IPP) that the day program provider is responsible for implementing. The criteria are derived from Title 17, California Code of Regulations.

II. Scope of Review

Nineteen sample consumer records were reviewed at 12 day programs visited by the monitoring team to determine compliance with 17 criteria. Two sample consumers had not completed six months in program and therefore did not require a written report of progress during our review period.

III. Results of Review

The consumer records were 100% in compliance for 13 criteria. Three criteria were rated not applicable because the consumers did not have any reportable special incidents during the review period.

- ✓ A finding for one criterion is detailed below.
- ✓ A summary of the results of the review is shown in the table at the end of this section.

IV. Finding and Recommendation

- 4.4.a The day program prepares and maintains written semiannual reports of the consumer's performance and progress. (*Title 17, CCR, § 56720(c)*)

Finding

Sixteen of the 17 (94%) applicable sample consumer records contained written semiannual reports of consumer progress. The record for consumer #XX at day program #X contained only one of the required progress reports completed in the review period.

4.4.a Recommendation	Regional Center Plan/Response
RCOC should ensure that the provider at day program # [REDACTED] completes semiannual reports of progress for consumer # [REDACTED].	RCOC will continue to provide ongoing training and oversight to day programs regarding the comprehensive completion of all reports including semi-annual progress reports for all consumers in community day program settings.

Day Program Record Review Summary Sample Size: Consumers = 19; Day Programs = 12						
	Criteria	+	-	N/A	% Met	Follow-up
4.1	An individual consumer file is maintained by the day program that includes the documents and information specified in Title 17. (<i>Title 17, CCR, §56730</i>)	19			100	None
4.1.a	The consumer record contains current emergency and personal identification information including the consumer's address, telephone number, names and telephone numbers of residential care provider, relatives, and/or guardian or conservator, physician name(s) and telephone number(s), pharmacy name, address and telephone number and health plan, if appropriate.	19			100	None
4.1.b	The consumer record contains current health information that includes current medications, known allergies, medical disabilities, infectious, contagious, or communicable conditions, special nutritional needs, and immunization records.	19			100	None
4.1.c	The consumer record contains any medical, psychological, and social evaluations identifying the consumer's abilities and functioning level, provided by the regional center.	19			100	None
4.1.d	The consumer record contains an authorization for emergency medical treatment signed by the consumer and/or the authorized consumer representative.	19			100	None
4.1.e	The consumer record contains documentation that the consumer and/or the authorized consumer representative has been informed of his/her personal rights.	19			100	None
4.1.f	Data is collected that measures consumer progress in relation to the services addressed in the IPP for which the day program provider is responsible for implementing.	19			100	None

Day Program Record Review Summary Sample Size: Consumers = 19; Day Programs = 12						
	Criteria	+	-	N/A	% Met	Follow-up
4.1.g	The consumer record contains up-to-date case notes reflecting important events or information not documented elsewhere.	19			100	None
4.1.h	The consumer record contains documentation that special safety and behavior needs are being addressed.	16		3	100	None
4.2	The day program has a copy of the consumer's current IPP. (<i>Title 17, CCR §56720(b)</i>)	19			100	None
4.3.a	The day program provider develops, maintains, and modifies as necessary, documentation regarding the manner in which it implements the services addressed in the IPP. (<i>Title 17, CCR, §56720(a)</i>)	19			100	None
4.3.b	The day program's ISP or other program documentation is consistent with the services addressed in the consumer's IPP.	19			100	None
4.4.a	The day program prepares and maintains written semiannual reports. (<i>Title 17, CCR, §56720(c)</i>)	16	1	2	94	See Narrative
4.4.b	Semiannual reports address the consumer's performance and progress relating to the services for which the day program is responsible for implementing.	17		2	100	None
4.5.a	Special incidents are reported to the regional center within 24 hours after learning of the occurrence of the special incident. (<i>Title 17, CCR, §54327</i>)			19	NA	None
4.5.b	A written report of the special incident is submitted to the regional center within 48 hours after the occurrence of the special incident. (<i>Title 17, CCR, §54327</i>)			19	NA	None
4.5.c	There is appropriate follow-up to special incidents to resolve issue and eliminate or mitigate future risk. (<i>Title 17, CCR, §54327</i>)			19	NA	None

SECTION V

CONSUMER OBSERVATIONS AND INTERVIEWS

I. Purpose

The consumer observations are conducted to verify that the consumers appear to be healthy and have good hygiene. Interview questions focus on the consumers' satisfaction with their living situation, day program and work activities, health, choice, and regional center services.

II. Scope of Observations and Interviews

Fifty-four of 67 consumers were interviewed and/or observed at their day programs, employment sites, community care facilities (CCFs), or in independent living settings.

- ✓ Thirty-nine adult consumers agreed to be interviewed by the monitoring teams.
- ✓ Nine consumers did not communicate verbally, but were observed.
- ✓ Six interviews were conducted with parents of minors.
- ✓ Nine adult consumers and parents of four minors were unavailable for an interview or observation.

III. Results of Observations and Interviews

All consumers and parents of minors interviewed indicated satisfaction with their living situation, day program, work activities, health, choices, and regional center services. The consumers' overall appearance reflected personal choice and individual style.

SECTION VI A

SERVICE COORDINATOR INTERVIEWS

I. Purpose

The interviews determine how well the service coordinators know their consumers, the extent of their participation in the IPP/annual review process, and how they monitor services, health and safety issues.

II. Scope of Interviews

1. The monitoring team interviewed thirteen Regional Center of Orange County (RCOC) service coordinators.
2. The interview questions are divided into two categories.
 - ✓ The questions in the first category are related to the consumers selected by the monitoring team.
 - ✓ The questions in the second category are related to general areas.

III. Results of Interviews

1. The service coordinators were very familiar with their respective consumers. They were able to relate specific details regarding the consumers' desires, preferences, life circumstances, and service needs.
2. The service coordinators were knowledgeable about the IPP/annual review process and monitoring requirements. Service providers and family members provided input on the consumers' needs, preferences and satisfaction with services outlined in the IPP. For consumers in out-of-home placement settings, service coordinators conduct quarterly face-to-face visits and develop written assessments of consumer progress and satisfaction. In preparation for the quarterly visits, service coordinators review their previous progress reports, pertinent case notes, special incident reports, and vendor reports of progress.
3. To better understand issues related to consumers' use of medication and issues related to side-effects, the service coordinators utilize RCOC's clinical team and internet medication guides as resources. RCOC offers yearly trainings on new and commonly used medications.
4. The service coordinators monitor the consumers' services, health and safety during periodic visits. They are aware of the consumers' health issues and conduct an annual health review. The service coordinators were

knowledgeable about the special incident report (SIR) process and work with the vendors to ensure all special incidents are reported and appropriate follow-up activities are completed. Service coordinators work closely with quality assurance staff, and are briefed on SIR trends that may affect their caseloads.

SECTION VI B

CLINICAL SERVICES INTERVIEW

I. Purpose

The clinical services interview is used to obtain supplemental information on how the regional center is organized to provide clinical support to consumers and service coordinators. This interview aids in determining what measures the regional center is utilizing to ensure the ongoing health and safety of all Home and Community-based Services Waiver consumers.

II. Scope of Interview

1. The monitoring team interviewed Regional Center of Orange County (RCOC) Director of the Health Resources Group (Clinical Team) and a nurse consultant.

The questions in the interview cover the following topics: routine monitoring of consumers with medical issues, medications, behavior plans, coordination of medical and mental health care for consumers, circumstances under which actions are initiated for medical or behavior issues, clinical supports available to assist service coordinators, improved access to preventive health care resources, and their role in the Risk Management Committee and the special incident report (SIR) process.

II. Results of Interview

The RCOC Clinical team includes physicians, psychologists, behavior analysts, nurses, occupational, physical, and speech therapists.

The clinical team monitors consumers that have special incident reports for medical conditions or when a service coordinator has concerns about a consumer's health. The clinical team performs assessments and completes health care plans for individuals with special health conditions. Nurses are involved with discharge planning for consumers that have been hospitalized.

The team monitors consumers' medications through chart and individual case reviews. Consumers taking two or more psychotropic medications are referred to the University of California Irvine (UCI) Neurodevelopmental Behavior Clinic for assessment. Their findings and recommendations are reported to RCOC. This information is provided to the consumer's primary care physician, psychiatrist or the family/care provider. Medication reviews are also completed for consumers who have had a recent psychiatric hospitalization, special incident report involving medication, or a referral from service coordinators.

The clinical team is available as a resource for service coordinators, in person or by phone or email. Service coordinators have access to the clinical team's manuals which contains information related to medical, dental, and psychiatric conditions, and a list community and generic resources. In addition members of the clinical team meet with service coordinators at each field office to discuss consumers' health and medication issues. The clinical team also offers training on a variety of health-related topics throughout the year. Information regarding special health conditions and related topics are also available to service coordinators on the intranet.

Consumer's behavior plans are reviewed in response to special incident reports, concerns by parents or vendors, or psychiatric hospitalizations. The clinical teams' physicians, psychologists and nurses make recommendations for appropriate care and follow-up. RCOC has a mental health resolution committee that reviews new referrals, on-going cases and special incidents to coordinate care and assists consumers with unresolved mental health issues. In addition, RCOC may refer consumers to University California Los Angeles (UCLA) for a second opinion.

RCOC has improved consumer access to preventative health care resources by providing:

- ✓ Staff and vendor education and training
- ✓ Benefits specialist
- ✓ Dental coordinator
- ✓ Collaboration with community physicians and hospitals
- ✓ Health Resource Manual
- ✓ Referrals to UCI and UCLA
- ✓ Relationship with Cal Optima (Orange County Medi-Cal Managed Care Program)
- ✓ Funding of psychiatric care when generic resources are unavailable
- ✓ Relationship with California Children's Services

Clinical team members participate in RCOC's Risk Management Committee. The team analyzes special incidents for trends and risk factors and makes recommendations for appropriate follow-up and/or increased clinical services as needed. The team also participates on the mortality review committee.

SECTION VI C

QUALITY ASSURANCE INTERVIEW

I. Purpose

The informational interview with quality assurance (QA) staff ascertains how the regional center has organized itself to conduct Title 17 monitoring of community care facilities (CCFs), two unannounced visits to CCFs, and service provider training. The interview also inquires about verification of provider qualifications, resource development activities, and quality assurance among programs and providers where there is no regulatory requirement to conduct quality assurance monitoring.

II. Scope of Interview

The monitoring team interviewed one residential and one day program quality assurance (QA) coordinator.

III. Results of Interview

1. The interviewed staff provided specific information about the process for conducting annual Title 17 reviews, and unannounced visits. The facility liaison (Service Coordinator) and QA coordinator are each responsible for conducting one of the unannounced visits each year. The Title 17 monitoring reviews are completed using the same protocol and procedures as the unannounced visits. These reviews are conducted by a team consisting of at least one QA coordinator and a service coordinator that is not the facility liaison for the CCF being reviewed.

If the review warrants a corrective action plan (CAP) the QA assigned coordinator sends a letter addressing the issue and how it should be handled. If necessary, a meeting is scheduled with the provider in order provide hands-on technical assistance. The QA coordinator follows up with an unannounced visit to the provider to oversee improvement. The information regarding the issues and CAPs can be accessed by all involved with the facility through the department's intranet.

2. RCOC conducts the same level of review for day programs. Information from these reviews is compiled and RCOC shares best practices with other providers.

3. Special incident reports (SIRs) are followed up on by both the service coordinator and the QA coordinator depending on the type of incident. The QA Coordinator follows up on deaths and the Service coordinator follows up on all other SIRs.
4. The QA coordinator reviews vendor applications, proposals for new services, program designs, licensing reports, and personnel files to verify qualifications of providers. The QA coordinator provides one-on-one technical assistance to potential providers as needed.

SECTION VII A

SERVICE PROVIDER INTERVIEWS

I. Purpose

The interviews determine how well the service provider knows the consumers, the extent of their assessment process for the annual IPP development and/or review, the extent of their plan participation, how the plan was developed, how service providers ensure accurate documentation, communicate, address and monitor health issues, their preparedness for emergencies, how they monitor safety and safeguard medications.

II. Scope of Interviews

1. The monitoring team interviewed eleven service providers at seven community care facilities (CCFs) and four day programs where services are provided to the consumers that were visited by the monitoring team.
2. The interview questions are divided into two categories.
 - ✓ The questions in the first category are related to sample consumers selected by the monitoring team.
 - ✓ The questions in the second category are related to general areas.

III. Results of Interviews

1. The service providers were familiar with the strengths, needs and preferences of their respective consumers.
2. The service providers indicated that they conducted assessments of the consumers, participated in their IPP development, provided the program specific services addressed in the IPPs and attempted to foster the progress of consumers.
3. The service providers monitored consumer health issues and safeguarded medications.
4. The service providers communicated with people involved in the consumers' lives and monitored progress documentation.
5. The service providers were prepared for emergencies, monitored the safety of consumers, and understood special incident reporting and follow-up processes.

SECTION VII B

DIRECT SERVICE STAFF INTERVIEWS

I. Purpose

The interviews determine how well the direct service staff knows the consumers and their understanding of the IPP and service delivery requirements, how they communicate, and their level of preparedness to address safety issues, their understanding of emergency preparedness, and knowledge about safeguarding medications.

II. Scope of Interviews

1. The monitoring team interviewed nine direct service staff at six community care facilities (CCFs) and three day programs where services are provided to the consumers that were visited by the monitoring team.
2. The interview questions are divided into two categories.
 - ✓ The questions in the first category are related to sample consumers selected by the monitoring team.
 - ✓ The questions in the second category are related to general areas.

III. Results of Interviews

1. The direct service staff were familiar with the strengths, needs and preferences of their respective consumers.
2. The direct service staff were knowledgeable about their roles and responsibilities for providing the services addressed in the consumers' IPPs.
3. The direct service staff demonstrated that they understood the importance of communication with all individuals concerned with the consumers.
4. The direct service staff were prepared to address safety issues and emergencies, and were familiar with special incident reporting requirements.
5. The direct service staff demonstrated an understanding about emergency preparedness.
6. The direct service staff were knowledgeable regarding safeguarding and assisting with self-administration of medications where applicable.

SECTION VIII

VENDOR STANDARDS REVIEW

I. Purpose

The review ensures that the selected community care facilities (CCFs) and day programs are serving consumers in a safe, healthy and positive environment where their rights are respected.

II. Scope of Review

1. The monitoring teams reviewed a total of seven CCFs and three day programs.
2. The teams used a monitoring review checklist consisting of 23 criteria. The review criteria are used to assess the physical environment, health and safety, medications, services and staff, consumers' rights, and the handling of consumers' money.

III. Results of Review

The CCFs and the day programs were found to be in good condition with no immediate health and safety concerns. Specific findings and recommendations are detailed below.

IV. Findings and Recommendations

8.2d [REDACTED] Records

Finding

Day program #XX did not document [REDACTED]
[REDACTED].

8.2d Recommendation	Regional Center Plan/Response
RCOC should ensure that DP #XX properly documents the required [REDACTED] information.	RCOC will continue to provide ongoing training and oversight to day programs regarding [REDACTED] [REDACTED]

8.5c Statement of Rights

Finding

Day program #X did not have a statement of rights posted.

8.5c Recommendation	Regional Center Plan/Response
RCOC should ensure that DP #X post a statement of rights.	RCOC will ensure that all day programs have a statement of rights posted at all times.

SECTION IX

SPECIAL INCIDENT REPORTING

I. Purpose

The review verifies that special incidents have been reported within the required timeframes, that documentation meets the requirements of Title 17, California Code of Regulations, and that the follow-up was complete.

II. Scope of Review

1. Special incident reporting of deaths by Regional Center of Orange County (RCOC) was reviewed by comparing deaths entered into the Client Master File for the review period with special incident reports (SIRs) of deaths received by the Department of Developmental Services (DDS).
2. The records of the 67 consumers selected for the Home and Community-based Services (HCBS) Waiver sample were reviewed to determine that all required special incidents were reported to DDS during the review period.
3. A supplemental sample of ten consumers who had special incidents reported to DDS within the review period was assessed for timeliness of reporting and documentation of follow-up activities. The follow-up activities were assessed for being timely, appropriate to the situation, and resulting in an outcome that ensures the consumer is protected from adverse consequences, and that risks are either minimized or eliminated.

III. Results of Review

1. RCOC reported all deaths during the review period to DDS.
2. RCOC reported all special incidents in the sample of 67 records selected for the HCBS Waiver review to DDS.
3. RCOC's vendors reported nine of the ten (90%) incidents in the supplemental sample within the required timeframes.
4. RCOC reported nine of the ten (90%) incidents to DDS within the required timeframes.
5. RCOC's follow-up activities on consumer incidents were appropriate for the severity of the situations for the ten incidents.

IV. Findings and Recommendations

Findings

Consumer #XXX: The incident was reported to RCOC on August 15, 2008. However, RCOC did not report the incident to DDS until August 21, 2008.

Consumer #XXX: The vendor did not submit a written report [REDACTED] identified by RCOC during an unannounced annual review on November 6, 2008. Subsequent to RCOC's review, the vendor closed and the consumers were relocated to another home. Therefore, a recommendation for this finding is not needed.

Recommendation	Regional Center Plan/Response
RCOC should ensure that all special incidents are reported to DDS within the required timeframe.	Through the RCOC centralized special incident department, RCOC will report all special incidents to DDS per Title 17 regulations.

SAMPLE CONSUMERS AND SERVICE PROVIDERS/VENDORS

HCBS Waiver Review Consumers

#	UCI	CCF	DP
1			
2		1	
3			1
4			
5			
6			
7			
8		2	
9		6	
10			
11			4
12			12
13			11
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			7
24			
25			
26			
27			1
28			
29			1
30			
31			8
32			5
33			10
34		4	
35			
36			
37			6

#	UCI	CCF	DP
38			
39			
40			11
41			
42			9
43		4	
44		7	
45		8	
46			
47			
48			6
49			
50		3	
51			11
52			
53			
54			
55			3
56			
57			
58			
59			
60			3
61			
62			3
63		5	
64			
65			
66			
67			2

Supplemental Sample Terminated Consumer

#	UCI
T1	
T2	
T3	

HCBS Waiver Review Service Providers

CCF #	Vendor
1	
2	
3	
4	
5	
6	
7	
8	

Day Program #	Vendor
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	

SIR Review Consumers

#	UCI	Vendor
101		
102		
103		
104		
105		
106		
107		
108		
109		
110		